

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3263

State File No.

00042

No. 300

10.48

FILED JAN 16 1950

REG. DIST. NO.

317

PRIMARY REG. DIST. NO.

3066

Registrar's No.

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Kirkwood

c. LENGTH OF
STAY (In this place)
YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Kirkwood

4673

d. STREET
ADDRESS

(If rural, give location)

409 Peeke Ave.

3. NAME OF
DECEASED
(Type or Print)

a. (First)

Arnold

b. (Middle)

John

c. (Last)

Lenz

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

Jan. 4, 1950

5. SEX

Male O

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Aug. 11, 1884

9. AGE (In years
last birthday)

65

10. MONTHS

4

11. DAYS

23

12. IF UNDER 1 YEAR
Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR IN-
DUSTRY

Grocer

11. BIRTHPLACE (State or foreign country)

St. Louis, Mo. O

12. CITIZEN OF WHAT
COUNTRY?

USA

13a. FATHER'S NAME

William Lenz

13b. MOTHER'S MAIDEN NAME

Mathilda Ebers

14. NAME OF HUSBAND OR WIFE

Elizabeth Lenz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY
NO.

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

Mrs. Elizabeth Lenz, Kirkwood, Mo

18. CAUSE OF DEATH
Enter only one cause per
line for (a), (b), and (c)

*This does not mean
the mode of dying, such
as heart failure, asphyxia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

MEDICAL CERTIFICATION

Coronary thrombosis

influenza

INTERVAL BETWEEN
ONSET AND DEATH

2 years

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

420.1

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT
SUICIDE
HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY (Month) (Day) (Year) (Hour)
m.

21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26, 1949, to Jan 4, 1950, that I last saw the deceased
alive on Dec. 27, 1949, and that death occurred at 11-10 P m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

1/7/50

24c. NAME OF CEMETERY OR CREMATORY

St. Lucas Cemetery

24d. LOCATION (City, town, or county)

Sappington, Mo.

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

1-7-50

Herbert R. Dombey, M.D.

Louis H. Bonn, Inc., Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

406
8-9-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.